

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

☐ Duplicate
(check, if applicable)

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 10800-3U3
First Named Inventor: Walter W. Eckman
Express Mail Label No.: EV343986955US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

DISSECTOMY INSTRUMENT AND METHOD

which is:

- an ☒ Original; or
- a ☒ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. 10/345,525 filed January 16, 2003.
Anticipated Group/Art Unit: 3732.
- ☐ This non-provisional patent application is based on Provisional Patent Application No. _____, filed _____.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 19 pages.
- ☐ Application Data Sheet.
- ☐ Newly executed/unexecuted Declaration (original/copy).
- ☒ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 8 sheets of drawings (formal).
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
- ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignee: **Concept Matrix, LLC**
- ☐ Certified copy(ies) of Application No(s). filed is/are filed:
☐ herewith or ☐ in prior application
- ☒ Applicant, by his undersigned attorney, claims Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☒ Information Disclosure Statement, PTO/SB/08A w/o cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$385.00			\$770.00	
Total	8 - 20 =	0	X9	\$ 0.00	<input checked="" type="checkbox"/> OR	X18	\$
Independent	1 - 3 =	0	X43	\$ 0.00	<input checked="" type="checkbox"/> OR	X86	\$
<input type="checkbox"/> Multiple Dependent Claims Present			X145	\$	<input checked="" type="checkbox"/> OR	X290	\$
			TOTAL	\$ 385.00	<input checked="" type="checkbox"/> OR	TOTAL	\$

☐ The commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.

☒ A check in the amount of \$385.00 to cover the filing fee is enclosed.

☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 210800.0015)** as noted below. A duplicate copy of this sheet is enclosed.

☒ Any overpayments or deficiencies in the above-calculated fee.

☐ Filing fee in the amount of \$_____ as calculated above.

☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

WALTER W. ECKMAN

December 9, 2003
(Date)

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Enclosures